

Developmental Disabilities Program
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DATE: September 17, 2004

TO: Todd Hammer, Board Chairman
Vickie Poynter, CEO

FROM: Judi Allen, Field Services Specialist

SUBJECT: Quality Assurance Review for Flathead Industries
Period of Review July 2003- May 2004

I would like to summarize the results of the Quality Assurance Review that was conducted by me and Paula Sherwood, Quality Improvement Specialist, from Missoula during May 24-27 2004. All contracted services were reviewed which included work services, group homes, supported living and community supports. The process for the review includes three categories:

1. A desk review of data collected through the review period included but not limited to: incident reporting trends, medication errors, Adult Protective Service issues, Client Rights, IP issues, and a review of licensing, accreditation and fiscal reports etc.
2. An on-site review involving checking agency and client's records, a review of consumer surveys, staff interviews, and observations at different facilities.
3. A review of case management contacts and quarterly reports for assessing quality of services provided.

During the review the uses of Quality Assurance Observation Sheets (QAOS) were used to record exemplary practices and indicate deficiencies. The QAOS were numbered at the top and noted in this review. The QAOS record what is observed and what Administrative Rule or Contract requirement is surpassed or deficient. A response on the deficient QAOS is required from the Provider. There was a total of 14 QAOS written, eight were commendations and six were in need of a plan of correction.

GENERAL AREAS

ADMINISTRATIVE

1. Significant Events from the Agency

- a) Flathead Industries (FI) became an Intensive Qualified Provider in January 2004 providing intensive services in adult group homes, supported living and transportation.
- b) Four individuals moved out of the group home into the new supported living duplex, thus allowing people from the community and Montana Developmental Center (MDC) to receive the additional supports that are available in a group home setting.
- c) Both the Columbia Falls and Big Fork Thrift Stores had major building expansions which have greatly increased the work areas and the working atmosphere for the consumers.
- d) In the past year Flathead Industries has had five of their long time consumers experience significant decline in their health, physical and mental capabilities. Flathead Industries is commended for their creativeness in meeting the needs of this aging population.(QAOS#1)

2. Policies and Administrative Directives

The Flathead Industries Policy and Procedure Manual was reviewed and found to be in compliance with DDP requirements and directives.

- a) Flathead Industries is commended for a very active safety committee.
- b) And for the establishment of an Incident Management Review Committee in March of 2004 in which this committee reviews all incidents on a weekly bases with follow-up as needed. (QAOS# 2)

3. Licensing

Group home licenses were reviewed, and all group homes were found to have current licenses. The new supported living duplex had a temporary license at the time of the review but is now licensed.

4. Accreditation

Flathead Industries was awarded a three-year accreditation by CARF that was in effect through November of 2003. But due to the cost of accreditation, and the change by the State of Montana Developmental Disabilities Program (DDP) for not requiring national accreditation, Flathead Industries (FI) chose not to reapply. However, now due to the fact that FI's Vocational Rehabilitation (VR) services still need to be CARF accredited a review is set for All DDP and VR services for September 20-22, 2004.

5. Agency internal communication systems

Regular scheduled meetings occur at all levels of the organization. Consumers meet monthly, group homes and day services have weekly staff meetings, departmental meetings are held weekly, and the Board of Directors meets every other month.

6. Fiscal

Fiscal reports, cost plans, and invoicing are received in a timely manner. Flathead Industries fiscal year end reports were received on time. An outside Audit was conducted in September 2003 and there were no findings.

7. Appendix I

All negotiated items in the appendix I were met.

SPECIFIC SERVICES REVIEWED

A. GROUP HOMES

Flathead Industries has three adult group homes serving 21 individuals at the time of the review. F.I. has recently become an intensive provider and is now serving one person under the intensive category. Another individual is in a temporary stay at MDC and their group home placement is being held for their return. Four individuals have moved out of the group home into a supported living duplex which allowed more individuals to be served from the community and MDC.

1. HEALTH AND SAFETY

Vehicles

FI maintains a van for each group home. Regular maintenance checks are preformed on all vehicles. There were documentation available and the one van that I checked had new tires, fire extinguisher, first aide kit, and seat belts.

Consumers

The agency is very responsive to all of the consumers health and safety needs. Commendation is given to the Willow Glen Group Home lead trainer, Kathy Schenck, for developing excellent consumer files, training, and medication books. They were client oriented/person centered, well organized, easy to read and very creative. In fact all information and documentation of the functioning of the group home were compiled and organized in manuals and were readily available.

(QAOS # 3) I would highly recommend the other group homes adopt the above process.

Medication Safety

All staff is currently medication certified. Commendation is noted for the decline of medication errors during this past year. FI submits to me on a quarterly bases an analysis of any medication error trends that are occurring during that quarter and how they plan to decrease those errors. There has been a decline in medication errors across all settings from last year. All medication is kept in a locked secured location. It is hard to compare the different group homes from this year and last as there has been consumer movement in the group homes. However, looking at the first three quarters of FY03 and FY04 the total numbers of missed medication has gone down by 12%. Flathead went to the use of bubble packs and the review of medication sheets when there are shift changes which could account for the decrease in errors. Staff is very responsive to missed medication and follows the immediate reporting to doctors, nurses or pharmacists. Routine errors are reviewed by supervisors on an ongoing bases and also now reviewed by the incident management committee. (QAOS# 4)

TG at Willow Glen Group Home needs to have her PRN medication for anxiety

reviewed by her Physician and her IP team. The medication protocol is lacking a behavioral description of the behaviors that would warrant this PRN to be given and the limits as to how many could be given in a 24-hour period. TG has not been given this PRN in over a year. **(QAOS#5). Response received and accepted. The lead trainer called the doctor and after review of the medication it has been discontinued.**

Sites

All residential sites were visited throughout the year and during the course of this review. All group homes are decorated very nicely with a family feel to all of them. Of particular note was the Willow Glen Group Home with its exceptional warm and creative decor. Each bedroom was decorated with an individualized theme in mind for each consumer's personal preference. Also noted at this home were the many outdoor planters filled with flowers which were planted and maintained by each owner. **(QAOS#6)**

Water temperatures were controlled below 120 degrees, fire drills and/or other threats were conducted monthly or more often and documentation was available. FI has an extensive safety check which is conducted on a monthly bases at each group home.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Individual Plans(IP), including assessments, implementation, and monitoring were reviewed for at least one person from each group home. All IP's reviewed had a well-developed plan with good assessments to help develop that plan.

In reviewing the IP's in the sample Paula and I noticed that some IP's were missing or lacking the following information:

1. Long Range Goals (form7)

There would be a Long Range Goal established for a consumer and it would not be addressed in some way through the IP process. If a short term objective was not appropriate then at least a mention in the summary section. Long Range Goals are based on the person's hopes and aspirations with the input from the team. These goals guide the team in the development of the Individual Plan. If it is important enough to list it then the team needs to be sure that it is addressed in some manner.

2. Objective Sheet (form 8)

The long range goal # that relates to a particular objective is many times missing and the last three lines below the objectives are some times not filled out in completion. They are: Program Responsible, Person Responsible, Start Date, Date Reviewed, Priority, Aversive Procedure, IPP needed or Admin. Objective. Please be sure all appropriate boxes are marked.

3. Data dates corresponding with start or implementation dates

The start or implementation date written on the objective form eight and the amendment form 10 of the IP document must correspond to the first date on the data sheet. The rule of thumb is the start date is set two weeks after the IP meeting except when the objective is identified to start later. If for some reason, the start date cannot be met please put the reason on the data sheet. On the amendment form the date for a new objective would be the date of the implementation noted and the beginning of data would be that date. The

teaching protocols should correspond to the start date written on the objective sheet.

(QAOS# 7) Response: A memo to all Program manager and supervisors who review IP prep that these items need to be addressed and staff trained. At an IP, FI staff will review forms for completion before turning into case managers. A copy of the form eight will be retained by FI staff from the IP, to help ensure that the start date on teaching protocol and data sheet match. RESPONSE ACCEPTED.

Leisure / Recreation

Leisure and recreational logs were reviewed at each group home. In all homes it was noted that consumers were encouraged to make choices and to participate as much as they can in a variety of activities.

Client Rights

FI has been a strong supporter for client rights. Consumer meetings talk about their right and many individuals attend Special Friends Advocate meeting on a regular bases. When asked, the consumers can tell you what rights they have.

CR had a right restriction for watching violent movies in the group home and day program. This was put in place on an emergency bases on 1-6-04. At his annual meeting on 2-9-04 there was no mention of this rights restriction. On the restriction form it said that this restriction would be reviewed at his annual IP, however, it was not. The rights restriction was poorly written and conditions for removing the restriction were vague and training was not in place to teach appropriate movie selections. **(QAOS#8) RESPONSE: Amendment form was turned in on 5-27-04. A program was Implemented on 6-10-04 to help CR make better movie choices. RESPONSE ACCEPTED.**

Medical / Health Care

All Group Homes are very conscientious in consumers health care needs. A separate report is written after each professional health care appointment and shared with me and other team members throughout the year.

FI assures that all staff is certified to administer medication to consumers.

Emotionally Responsible Care Giving

During the review and throughout the year I have observed very positive interaction between staff and the consumers and noted individuals were encouraged to participate and to make choices. While visiting the group homes during the review, Paula and I noted the participation by consumers in preparing their evening and breakfast meals. Staff was consistently observed to be involved with the consumers in a responsible and caring manner.

Consumer Surveys and Agency Consumer Satisfaction Surveys

Agency Consumer surveys' are conducted yearly. Information is compiled and the results are used to guide the development of better services to the individuals. Case Managers also do an annual consumer survey prior to each individuals' annual IP meeting. This is used to address the consumer's needs in their overall life.

3. STAFFING

Screening / Hiring

The screening for hiring staff was very precise and background checks were completed

on the five staff files reviewed and documentation was available.

Orientation/ training

FI has a very thorough staff orientation process. Also on going training is offered to employees through CBT, Mandt, CPR, and first aide with additional training added when needed. On a yearly bases staff is trained on mandatory reporting procedures and client rights. In addition each Group Home Lead Trainer conducts a specific job-orientation with every new employee which reviews each individual consumer's history, training, behavioral programs, and medication procedures.

Ratios

In all facilities that were visited during my review the staff to client ratios was per contract or above. Since initiating monthly ratio check in July of 2003, I have written QAOS's three times for group homes not having the contracted staff available. Each time FI was very diligent in correcting and preventing future occurrences.

Staff Surveys

At least one staff at each site was interviewed using the staff survey questionnaire. All sections were satisfactorily answered.

4. INCIDENT MANAGEMENT

Adult Protective Services

There are no outstanding issues/ concerns regarding Abuse / Neglect reporting. The notifications for those incidents are reported per requirements. The Agency has a very good working relationship with APS here in Kalispell and they work very well as a cohesive team to ensure the protection of FI's consumers.

Incident Reporting

FI has historically been found to do an excellent job of reporting incidents as required by Administrative Rule of Montana

B. SUPPORTED LIVING

Flathead Industries serves 22 individuals in title 19 and six individuals in general funds for supported living services. Individuals live in their own apartments in the community or FI owned apartment complexes (two) or their duplex. Individuals needed supports and coordination services are determined by the individuals IP team and specified in their cost plan. Three QAOS were written, one commendation and two deficiencies.

1. HEALTH AND SAFETY

Vehicles

FI maintains 19 vehicles for their organization. Regular maintenance checks are performed on all vehicles every two weeks. One mini van and two cars are available for supported living staff. The mini van was checked and had first aide kit, fire extinguisher, seat belts and the tires appeared to have very good tread.

Consumers

Twenty-eight consumers are served through the Supported Living contract. All individuals reviewed in a supported living services feel safe in their apartments. Emergency and back up numbers and two means of an exit were posted in each

apartment visited during the review. Fire extinguishers, fire alarms and water temperatures are checked at each apartment on a monthly bases. Evacuation drills were preformed on a monthly bases and documentation was available.

Medication Safety

All staff is currently medication certified. Commendation is noted for the decline of medication errors during this past year. FI submits to me on a quarterly bases an analysis of any medication error trends that are occurring during that quarter and how they plan to decrease those errors. There has been a decline in medication errors across all settings from last year. At each annual IP meeting it is discussed as to how the consumers medication will be dispensed and depending on their functioning level as to where their medication is to be stored. Sometimes it will be kept in the consumer apartment or under lock and key in the supported living office. When needed individuals will be on medication training programs as determined by their IP team

Sites

Paula and I visited four individuals in their homes. We visited one individual living in the duplex, one in the 7 Plex, one in the 8 Plex, and one individual living in an apartment in the community. All sites were well maintained. All but one site visited had a clean/sanitary environment. While visiting the duplex, JJ's bedroom was noted as a health and safety hazard. The bedroom was wall to wall clutter of clothes, junk, records, tapes, etc. The bed was overflowing with so many clothes and junk on top of the mattress that JJ told me that he never sleeps in his bed but on the floor. I am unclear where he could find room to sleep on the floor due to lack of floor space. I am very clear that staffs have worked with JJ over the last couple of year to reduce his collection of clutter but have been met with much resistance. It is a health and safety hazard for not only JJ but for his roommate JM. Please have JJ's IP team meet and come up with a plan of action (QAOS# 9)

RESPONSE: JJ has a history of being unorganized and with poor cleaning skills. Jeff has had a cleaning checklist that he has refused to follow. An IP was called and the IP team agreed that a rights restriction would be put in place to ensure that JJ follows through with the state requirements of licensing. PLAN ACCEPTED.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Same as above of all contracted areas for improvement on IP documents(QAOS#7)
In reviewing MH IP a discussion on his bathing and showering was not documented in the IP. MH has seizures but he chooses not to have supervision during his bathing time. The team at each annual IP must review and document what is being done to ensure safety when MH is showering. (QAOS#10)

RESPONSE: MH in the past has had a documentation of choice form in his file. A special IP will be scheduled to discuss the serious issues in MH life that could cause him harm. (Bike riding, showering, walking in the community, cooking, and swimming) PLAN ACCEPTED

Leisure / Recreation

All consumers have many opportunities to participate in integrated community activities. There are planned weekend activities for those individuals wanting to participate. The supported living consumers and staff have a monthly meeting to discuss safety, rights, and social skills and to plan the weekly Sunday outing for the next month.

Client Rights

During the visits to the different consumer's apartments and in reviewing their files we noted no rights restriction. All individuals reviewed could tell us their rights and knew the grievance procedure or who to talk to if they felt their rights were violated. Monthly meetings are held for Supported Living consumers and rights of the consumers are reviewed at that meeting.

Medical / Health Care

FI supported living staff do an excellent job of monitoring the consumers health needs. I commend the staff and MH IP team for the thoroughness in addressing MH many medical needs. All medical concerns have been covered and followed upon in great detail. (QAOS#11)

Emotionally Responsible Care Giving

During the review and throughout the year I have observed very positive interaction between staff and the consumers and noted individuals were encouraged to participate and to make choices.

Consumer Surveys

Case Managers also do an annual consumer survey prior to each individual's annual IP meeting. This is used to address the consumer needs in their overall life.

Agency's consumer satisfaction surveys

Agency Consumer surveys' are conducted yearly. Information is compiled and the results are used to guide the development of better services to the individuals.

3. STAFFING**Screening / Hiring**

Same as above

Orientation/ training

FI has a very thorough staff orientation process. Also on going training is offered to employees through CBT, Mandt, CPR, and first aide with additional training added when needed. On a yearly bases staff is trained on mandatory reporting procedures and client rights. In addition each new supported Living employee is given a specific job-orientation which reviews each individual consumer's history, training, behavioral programs, and medication procedures.

Ratios

In all facilities that were visited during my review the staff to client ratios was per contract or above.

Staff Surveys

Same as above

4. INCIDENT MANAGEMENT**APS**

Same as above

Incident Reporting

Same as above

C. WORK/DAY/COMMUNITY EMPLOYMENT

FI serves a total of 80 individuals in work services and community employment. They have a production and senior area, four Thrift Stores, and community employment placements.

1. HEALTH AND SAFETY

Vehicles

Nine vehicles are assigned to the above areas. Regular maintenance is preformed on all vehicles every two weeks.

Consumers

Evacuation drills were reviewed for all sites, and it was determined that evacuation drills were conducted at regular intervals for fires as well as for a variety of other conditions. Any health and safety concerns are reported and dealt with as soon as possible and then a report goes to the incident management committee who would act to correct any future occurrences.

Medication Safety

Same as above

Sites

All Flathead Industries sites visited were clean, neat and sanitary. Fire extinguishers were available and checked annually. Monthly fire drills and or a variety of other conditions were conducted monthly and documentation was available. All exits were clear and unobstructed. All medication was locked and secured.

Production and seniors....The production and senior area serves the lower functioning and or the elderly individuals who also may have the more challenging behaviors. In production staff do an excellent job in finding ways to address the consumers needs in their creativeness in developing meaningful production to enhance their dignity and self worth which gives them the skills to empower their lives. In the senior program staff are very creative in finding fun projects and community activities to enhance their lives. Proactive approaches and positive programming are a consistent element used by all staff throughout the day. **COMMENDATION (QAOS#12)**

Kalispell Thrift Store....We observed consumers working very hard but also there was a very relaxed feeling. One individual man was sorting items and found a women's skirt and put it on and there was a lot of laughter. Then he got back to his job. You could tell they all liked working at the store.

Columbia Falls and Big Fork Thrift...COMMENDATION (QAOS#13). The building expansions at both the stores are a great improvement. The consumers and the staff are so proud of their new surroundings and it has greatly improved the physical appearance and the atmosphere of both locations. Needless to say the additional room has expanded the work area for the consumers and allowed for a less cluttered appearance. Both stores during our visit were full of customers and the consumers were very busy.

NEED FOR A PLAN OF ACTION FOR COLUMBIA FALLS THRIFT STORE (QAOS#14) The back door to the store has a cement slab that is broken and uneven and posses a safety hazard for entrance or exit from the back door. **RESPONSE:** There has been a new cement slab poured. **RESPONSE ACCEPTED.**

Whitefish Thrift.... Consumers were all very busy at work and expressed that they really liked their job and there supervisors. Expansion or relocation is being considered for this site as the sorting area is very cramped.

Job in the community....Paula and I visited MH at his job at Great Harvest Bread Company. We got to see MH in action and he explained what were his main job duties.

MH supervisor said what an excellent worker he was and how lucky they were to have him on staff.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Individual Plans(IP), including assessments, implementation, and monitoring were reviewed for at least one person from service area above. All IP's reviewed had a well-developed plan with good assessments to help develop that plan.

Needed Improvement in IP process is same as above (QAOS#7)

Leisure / Recreation

A monthly calendar is made available with the planned seasonal outings or activities for all FI work services consumers.

Client Rights

All consumers that we talked to could tell us their right and if they were violated who they could take their concerns to. Monthly consumer meetings are held at Flathead's work locations where they talk of consumer rights and any problems that they are experiencing in the work locations. One rights restriction was noted in production for CR that had not been reviewed or written correctly but this was mentioned above in (QAOS#8). **Plan of correction was accepted.**

Medical / Health Care

FI assures that all staff is certified to administer medication to consumers. Most medical care is taken care of through family or residential services. However, staff are quick to respond to any medical emergency that happens during the work day.

Emotionally Responsible Care Giving

During the review and throughout the year I have observed very positive interaction between staff and the consumers and noted individuals were encouraged to participate and to make choices.

Consumer Surveys

Same as above

Agency's consumer satisfaction surveys

Same as above

3. STAFFING

Screening Hiring

Same as above

Orientation / Training

Same as above

Ratios

All work service sites visited during the review were staffed per contract or above.

Staff Surveys

Same as above

4. INCIDENT MANAGEMENT

APS

Same as above

Incident Reporting

Same as above

D. COMMUNITY SUPPORTS

FI serves 33 individuals at this time in Community Supports. Community Supports includes any individually designed service, or assessment of the need for service, that will assist a consumer to live more independently in the community of his /her choice within the dollar cap established. The funding is individualized and portable.

1. HEALTH AND SAFETY

Vehicles

Any vehicle that is used by staff is maintained by FI and is under their maintenance schedule.

Consumers

Individuals may not accept a Community Supports placement unless their health and safety needs can be met by the Community Supports limited dollar program. At the time an individual is designated to receive Community Supports Services the Case Manager must verify, by filling out the Risk/Needs Planning Assessment form (RPA) , that health and safety needs can be met. For those individuals receiving supports in their home or apartment the same health and safety that is provided in the traditional supported living would apply. Paula and I reviewed five individuals, three from Title 19 and two from general fund, who receive Community Support Services.

Medication Safety

All staff dealing with assisting individuals in becoming more independent in taking their medication are currently medication certified. Commendation is noted for the decline of medication errors during this past year. FI submits to me on a quarterly bases an analysis of any medication error trends that are occurring during that quarter and how they plan to decrease those errors. There has been a decline in medication errors across all settings from last year. At each annual IP meeting it is discussed as to how the consumers medication will be dispensed and depending on their functioning level as to where their medication is to be stored. Sometimes it will be kept in the consumer apartment or under lock and key in the supported living office. When needed individuals will be on medication training programs as determined by their IP team

Sites Paula and I visited three work sites(Production, Kalispell Thrift and Whitefish Thrift Stores) where community supports dollars were used. All Flathead Industries sites visited were clean, neat and sanitary. Fire extinguishers were available and checked annually. Monthly fire drills and or a variety of other conditions were conducted monthly and documentation was available. All exits were clear and unobstructed. All medication was locked and secured.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Same as in all above areas. All IP's reviewed had a well-developed plan with good assessments to help develop that plan.

Needed Improvement in IP process is same as above (**QAOS#7**). **Response was accepted and training will be provided.** Reviewed Service Plans and found them to be complete.

Leisure / Recreation

All planned recreational activities are available to any consumer. All consumers

have many opportunities to participate in integrated community activities. There are planned weekend activities for those individuals receiving supports in supported living and who want to participate. Seasonal activities are planned for those receiving day programming.

Clients Rights

All consumers that we talked to could tell us their right and if they were violated who they could take their concerns to. Monthly consumer meetings are held at Flathead's work locations and supported living services where they talk of consumer rights and any problems that they are experiencing in their work or residential locations. Those individuals that do not have support through FI know that they can talk to their case manager when problems arise

Medical / Health Care

Same as above

Emotionally Responsible Care Giving

Same as above

Consumer Surveys

Same as above

Agency's consumer satisfaction surveys

Same as above

3. STAFFING

Screening / Hiring

Same as above

Orientation / Training

Same as above

Ratios

Same as above

Staff Surveys

Same as above

4. INCIDENT MANAGEMENT

APS

Same as above

Incident Reporting

Same as above

CONCLUSION

Thank you for your response to all the QAOS'. All responses have been accepted and no further action is needed.

Paula and I would like to thank the staff, management, and the people they serve for assisting us in this review. Thanks to all of the staff for their dedication.

cc: Tim Plaska, Community Services Bureau Chief
Ted Spas, Regional Manager

John Zeeck, Quality Assurance Specialist